Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09766450

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)		TYP	TYPE		OR.	SMALL	ENTITY
TOTAL CLAIMS							R	ATE	FEE		RATE	FEE 🌖
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			ာ့ o minus 20=		- 19		×	\$ 9=	171	OR	X\$18=	*
INDEPENDENT CLAIMS			₄ minus 3 =		/		X	40=	40	OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+1	35=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	"0" in column 2		TC	TAL	566	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Colum				SN	SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	And the second	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=	
	Independent			CL AINA	=	×	40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=	0
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT RIGHE HIGHE NUMB NUMB PREVIO PAID F		BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	- X\$18=	25 C
	Independent	*	Minus	***		=	X.	40=	,	OR	X80=	11.2 (4.3)
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+1	35=		OR	+270=	· · · · · · · · · · · · · · · · · · ·
								TOTAL			TOTAL	
	Pur de P.P. # 13							T. FEE		OR	ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3)								9			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.57	Minus	**		=/6	XS	S 9=	1440	OR	X\$18=	
	Independent	NTATION OF M	Minus	*** ,	<i></i>	= 3	- 7.7 - X.5	10=	84.00	OR	X80=	-
_	LIHOI PHESE	NTATION OF M	OLITPLE DEI	LINDEN	CLAIM		+1	35=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										ΩR	TOTAL ADDIT. FEE	
		mber Previously P ober Previously Pa							propriate box			